



Application for Mayoral Appointment to a Board or Commission

Board or Commission for which you would like to be considered:

(Please Print or Type)

Name, Address and Business Information

(Please Print or Type)

Name: (First, Middle, Last)			Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Home Address:		Business Address:	
Zip Code:		Zip Code:	
Home Phone:		Business Phone:	
Home Fax:		Business Fax:	
E-mail:		Current Employer:	
Ward:		Occupation:	

Personal Information

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: / /	Soc. Security No.:
---	----------------------------	--------------------

Education and General Qualifications

Level	Name of School	Location (City, State)	Did you Graduate?	Type Degree(s)	Year Graduation/ Degree Awarded	Major Course of Study
High School/GED						
College/Other						
Graduate/Postgrad.						

Licenses held (if applicable):

Special Skills and Qualifications:

Community Activities/Organizational Affiliations (current):

Declarations

Are you registered to vote in the District of Columbia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or pleaded guilty to, a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide written details.)	Are you a Permanent Resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a professional/occupational license revoked, or suspended, as a result of disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there anything in your background that might become an embarrassment to you if it were to become public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current employee of the District government? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a current employee of the U.S. government? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or a family member, currently serving on a board? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list the board(s) or commission(s):

Diversity Information. (The Mayor desires broad representation on boards representative of the entire District. Providing the information requested below will assist in this goal and providing a response is voluntary on your part.)

Ethnicity: (Of what race or ethnicity do you consider yourself to be?)

<input type="checkbox"/> Black/African-American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native American
<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other _____

Diversity: (Please check the boxes that apply to you.)

<input type="checkbox"/> Senior/Elder Citizen (60 years and older)	<input type="checkbox"/> Veteran of U.S. Armed Forces	<input type="checkbox"/> Gay, Lesbian, Bi-sexual, Transgendered (GLBT)
<input type="checkbox"/> Person With Disabilities	<input type="checkbox"/> Young Adult (16 years to 24 years)	<input type="checkbox"/> Other _____

(Note: You must also attach a current resume or biographical sketch to this application form.)

I certify that the facts and declarations contained in this application are true and correct to the best of my knowledge. I further authorize investigation of all statements contained herein and any personal references that I may include, or later provide, to obtain any and all pertinent information. I understand that providing false responses may cause to remove me from service on a board or commission, if appointed.

Signature: _____

Date: ____/____/____